

2010 PRIVATE INFLUENZA VACCINE ORDER FORM

MONTANA IMMUNIZATION PROGRAM

Date Submitted:	VFC ID #:
Facility Name:	
Physical Address (no PO Box addresses):	
Contact Person:	Phone:

VFC INFLUENZA VACCINE	UNIT SIZE	DOSES ORDERED	MT Immunization Program Notes
Fluzone® .25 mL p-free for 6-35 month olds	10 doses		
Fluzone® .5 mL p-free for children 3-18 years of age	10 doses		
Fluzone® multi-dose vial for children 3-18 years of age	10 doses		
FluMist® live, intranasal vaccine for children 2-18 years of age	10 doses		

Orders will be filled based on 2010 VFC Provider Profile numbers, influenza order and usage history, and doses available. **Influenza Orders are due August 2, 2010.**

Mail form to : Montana Immunization Program, PO Box 202951, Helena, MT 59620
Or fax form to: 444-2920

Deadline: August 2, 2010